

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721569

FILED
Apr 26, 2007
Secretary of State

Entity Name: COUNTRY ACRES AUXILIARY, INC.

Current Principal Place of Business:

1850 S. DELEON AVE.
TITUSVILLE, FL 327804747

New Principal Place of Business:

1850 S. DELEON AVE.
TITUSVILLE, FL 327804747 US

Current Mailing Address:

1850 S. DELEON AVE.
TITUSVILLE, FL 327804747

New Mailing Address:

1850 S. DELEON AVE.
TITUSVILLE, FL 327804747 US

FEI Number: 23-7158373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINBOTHAM, TRACEY C EA
3935-L N. U.S. 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: OLSEN, CHERYL
Address: 6675 CORTO ROAD
City-St-Zip: COCOA, FL 32927 US

Title: TD () Delete
Name: KUNTZ, DONNA M
Address: 437 OAKRIDGE AVENUE
City-St-Zip: COCOA, FL 32927

Title: AD () Delete
Name: HIGGINBOTHAM, TRACEY C
Address: 3935-L NORTH U.S. 1
City-St-Zip: COCOA, FL 32926

Title: PD () Delete
Name: MAYHEW, TERRY
Address: 3856 CHAMPION ROAD
City-St-Zip: TITUSVILLE, FL 32780

Title: VD (X) Delete
Name: MIKKELSON, PATRICIA
Address: 1455 CANAVERAL PORT
City-St-Zip: MERRITT ISLAND, FL 92952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MIKKELSON, PATRICIA
Address: 1455 CANAVERAL PORT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: TSD (X) Change () Addition
Name: KUNTZ, DONNA M
Address: 437 OAKRIDGE AVENUE
City-St-Zip: COCOA, FL 32927

Title: AVPD (X) Change () Addition
Name: HIGGINBOTHAM, TRACEY C
Address: 3935-L NORTH U.S. 1
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY C HIGGINBOTHAM

AVP

04/26/2007

Electronic Signature of Signing Officer or Director

Date